L14000052096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MAR 31 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSRM Escrow, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Stevens
Name of Person

Jackman, Stevens, Ricciardi & McClurg, P.A.
Firm/Company

1560 Matthew Drive, Ste. A
Address

Fort Myers FL 33907
City/State and Zip Code

astevens@your-advocates.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Stevens at (239) 689-1096
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

JSRM Escrow, L.L.C
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
1560 Matthew Drive Ste. A Fort Myers, FL 33907	same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Adam Stevens, Esq.
Name

1560 Matthew Drive, Ste. A
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33907
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	Adam Stevens 20784 Castle Pines Court North Fort Myers, FL
MGR	Rita Jackman 528 S.E. 33rd Terrace Cape Coral, FL 33904
MGR	Richard Ricciardi, Jr. 12601 Pangsoffkee Drive North Fort Myers, FL 33903
MGR	Eve McClurg 2520 Columbus Street Fort Myers 33901

(Use attachment if necessary) See attachment for one more manager

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

AdS

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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March 31, 2014

Attachment A

MGR Matt Levy
4223 Olive
St, Louis, MO 63108